



AROMATHERAPY • SWEDISH MASSAGE • REFLEXOLOGY



CONTRA-INDICATIONS

There are certain conditions which some of the treatments may affect if you are on medication. If you are currently being treated for one of the following conditions, therefore, I would need approval from your GP before I could treat you. Generally there is no problem if you have been on the medication long term. Approval is required to safeguard yourself under the terms of the insurance cover for The Natural Touch.

Unless stated otherwise, the contra-conditions are the same for all treatments, Reflexology, Swedish Massage and Aromatherapy. If in any doubt then please do contact The Natural Touch and we will confirm if you need to seek GP approval.

If you need to obtain GP approval you can either download the attached consent form or when you attend The Natural Touch, sign a statement at our initial consultation to confirm your GP has given verbal consent.

CONDITIONS WHERE THERAPIES CANNOT BE TREATED

Veruccas or Athletes Foot) Cannot be treated for Reflexology
) but can be worked round for other therapies.

Pregnancy or attempting to become pregnant) Cannot be treated in the first three or last three months
) of pregnancy for any therapy..

Infectious skin conditions, eg. Ringworm/Scabies/Impetigo. (NB. Non infectious skin complaints such as Eczema, Psoriasis, Dermatitis, respond very well to Aromatherapy and Reflexology, even if the affected areas need to be work around if they are painful).

Operations within the last six months/twelve months depending on the severity.

Fractures within the last six months (can be worked around if appropriate)

CONDITIONS REQUIRING GP APPROVAL (Downloadable form).

Blood Pressure
Diabetes
Heart Conditions
Epilepsy
Thyroid Conditions
Cancer
Thrombosis
Spastic Conditions
Asthma
Arthritis
Kidney/Liver Problems
Haemophilia



AROMATHERAPY • SWEDISH MASSAGE • REFLEXOLOGY



Date:

RE: MEDICAL ADVICE FOR TREATMENT

Your patient,, wishes to attend for Massage/Aromatherapy/Reflexology.

I understand, however, that they suffer with, or are on medication for.....

.....

.....

I therefore need to refer to you for medical advice and would be grateful if you could complete the statement below for my records.

I advise that there is no reason why the above patient should not receive this treatment at your Centre.

Additional comments/guidance (if required)

.....

.....

Name.....

Signature.....

Date.....

Yours faithfully,

R Ewing

R Ewing
The Natural Touch Therapies.